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ABSTRACT

Data relating to population and family planning in nine foreign countries are presented in these situation reports. Countries included are: Antigua, Dominican Republic, Grenada, Guatemala, Honduras, Philippines, Ryukyu Islands (Okinawa), St. Lucia, and St. Vincent. Information is provided under two topics, general background and family planning situation, where appropriate and if it is available. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth and death rates. Family planning situation considers family planning associations and personnel, government attitudes, legislation, family planning services, education/information, training opportunities for individuals, families, and medical personnel, research and evaluation, program plans, government programs, and related supporting organizations. Bibliographic sources are given. (BL)

Situation Report

Distribution *

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Country ANTIGUA Date MAY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839-2911/6

ED 079142

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			442 sq.kms.[1].
Total Population		54,304 (census)	70,000 (1970 est.)[2].
Population Growth Rate			2.2% (1971)[2,3]
Birth Rate			30.4 per 1,000 (1965)[1].
Death Rate			8.4 per 1,000 (1965)[1].
Infant Mortality Rate			45.4 per 1,000 (1965)[1].
Women in Fertile Age Group (15-44 yrs)			11,240 (1960)[1].
Population Under 15 yrs			App. 42% (1960)[1].
GNP Per Capita			US$330 (1968)[4].
GNP Per Capita Growth Rate			4.3% (1961-68)[4].
Population Per Doctor			3,590 (1964)[1].
Population Per Hospital Bed			140 (1964)[1].

1. United Nations Statistical Yearbook, 1970.
2. United Nations Demographic Yearbook, 1971.
3. The UN Statistical Yearbook (1970) estimated that annual growth rate between 1963-69 at 0.4%. This low figure was presumably due to migration.
4. World Bank Atlas, IBRD, 1970.

SE 016 520

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The territory of Antigua, composed of Antigua (280 sq.kms), Barbuda (160 sq.kms), and Redonda (2.8 sq.kms), is a British Associated state. The islands are part of the Leeward group and the majority of the population live on Antigua. Redonda is uninhabited and Barbuda has approximately 1,000 (1,300)[1] inhabitants.

St. John's, on Antigua, is the only large town: in 1960 there were 21,595 (13,000)[1] inhabitants. Population density is high: 143 inhabitants per square kilometre in 1969.

There are large discrepancies in vital statistics from the various sources. IPPF/Western Hemisphere Region (WHR) estimate for example that the Crude Birth Rate in the late sixties and early seventies was about 22 per 1,000. Other figures are 29-30 for this period. The population is currently estimated at about 70,000, which suggests the lower Birth Rate is the more accurate.

One possible or partial explanation of such discrepancies is perhaps to be found in the high, fluctuating and unmeasured rate of migration. With unemployment at 35% in the last few years (Government estimate) and because of the deteriorating economic situation, migration may well be running at a far higher level than previously.

According to the Fact Sheet on Antigua published by the Central Office of Information, London, 1966, the annual rate of population growth is 2.3%.

Ethnic

The majority of the population are of Negro or mixed descent. There is a very small white minority.

Language

The official language is English. Creole is also widely spoken.

Religion

Christian: there is an Anglican majority and a considerable Catholic minority.

Economy

The economy is dependent upon the production of sugar and on the tourist industry. Tourism has not been expanding in the last few years, while high costs and consequent lack of investment in the sugar industry has contributed to the present acute unemployment problem. The problem is worsened by the seasonal nature of the sugar and tourist industries. Other minor economic activities include cotton production, fishing, the processing of agricultural products, construction, some light manufacturing industries, and oil refining.

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1. According to the "Proposal for a National Family Planning Programme", APPA and

Communications/Education

Roads are the chief form of internal transport. There are inter-island and international air and sea services.

Two newspapers are published in Antigua. There is a radio broadcasting service and a private television station which was opened in 1965.

Education is compulsory between the ages of 5 and 14 years. In 1966, there were 34 government elementary schools and 9 private primary schools with a total enrollment of some 14,000 pupils. There were 9 secondary schools of which 4 were private.

Medical/Social Welfare

In 1966, there were 4 hospitals, 16 dispensaries and 3 health centres. UNICEF and the WHO have been assisting in a five-year integrated health service programme including maternal and child health care, six new health centres, and 14 sub-centres and environmental sanitation projects.

FAMILY PLANNING ASSOCIATION

Address

Antigua Planned Parenthood Association,
P.O.Box 419,
St. John's,
ANTIGUA, W.I.

Officials

President: Mr. Devon Walter
Executive Secretary: Miss Daisy Matthews

FAMILY PLANNING SITUATION

Organized family planning activities began in 1970 with the creation of a family planning association. In early 1973 the joint proposal of the family planning association (Antigua Planned Parenthood Association) and the Antiguan Government to IPPF/Western Hemisphere Region(WHR) relating to the establishment of a family planning programme was accepted.

Attitudes

The Government (which took office early in 1971) has stated its intention to co-operate fully with the APPA and to integrate family planning into the health services. In January 1973, the Government signed the UN Declaration of World Leaders on Population.

Legislation

Abortion is apparently illegal except for life/health reasons. Oral contraceptives are sold in pharmacies without prescription.

History

Family planning services were initiated in the St. John's Health Centre in February 1970 and the APPA was formally established in the following September. In 1971, IPPF/WHR made a grant of US$2,000 to the Association; in 1972 the amount was US$6,250.

Finally in early 1973 IPPF/WHR accepted APPA's proposal for a fully-fledged programme although with more stress on non-clinical distribution of contraceptives, on IUD's on post-partum motivational work and on the provision of free (or nominally priced) contraceptives to those who cannot afford to pay. This represents a considerable revision

of the original APPA Programme Proposal. A grant for US$45,000 was made available for 1973.

The APPA has made quite a determined bid to widen the basis of its membership in the last few months.

Services

In 1970, clinic services were provided for 328 acceptors at the St. John's Health Centre. A second clinic was opened in 1971 at the All Saints Health Centre. In 1972, there were 310 new acceptors. Two-thirds used the IUD and the remainder orals. There were 1,260 follow-up visits, of whom over 75% used orals.

Very considerable expansion can be expected in clinical services in 1973.

The clinics are staffed by five part-time nurses helped by three voluntary doctors.

Information and Education

The clinic nurses give family planning advice, talks and lectures. At the end of 1971 the APPA started on educational programme including talks in schools, advertisements on radio and TV and in the press. Pamphlets were distributed and films were shown. In 1972, the Association were instrumental in the showing of 7 television programmes.

The Association plans to mount a two-pronged attack in 1973 based on home visits by rural nurse/midwives and a mass media campaign using radio and TV "spots".

Training

The programme for 1973 envisages the in-service training of doctors, nurses and auxiliary personnel.

GOVERNMENT

The Government has assisted the APPA in kind. In 1972 its contribution consisted of the use of health centres, office space and the time of Public Health nurses and doctors.

SOURCES

1970 Annual Report of the Antigua Planned Parenthood Association to IPPF.

1972 Annual Report of the Antigua Planned Parenthood Association to IPPF.

Proposal for a National Family Planning Programme presented by the Government of Antigua and the Antigua Planned Parenthood Association, 1972.

Situation Report

Distribution *

Country DOMINICAN REPUBLIC Date MAY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			48,734 sq.kms.[1]
Total Population	2,135,872[2]	3,047,070[2]	4,600,000 (1972)[7]
Population Growth Rate		3.6%(1963-69)[2]	3.0% (1970)[3]
Density			89 per sq.km.
Birth Rate	37.2[2]	48-50[2]	33-35 per 1,000(1970)[3]
Death Rate		15-17(1961)[2]	6.6 per 1,000(1959)[2]
Infant Mortality Rate		102.3(1961)[2]	72.6 per 1,000(1968)[2]
Women in Fertile Age Group (15-49 yrs)		666,530[2]	828,145(1970)[3]
Population Under 15		40%	47.6%(1970)[4]
Urban Population	23.8%	30.5%	39.8% (1970)[3]
GNP Per Capita			US$350 (1970)[5]
GNP Per Capita Growth Rate			0.5% (1960-70)[5]
Population Per Doctor			2,100 (1969)[6]
Population Per Hospital Bed			384 (1969)[6]

1. UN Statistical Yearbook, 1971.
2. UN Demographic Yearbook, 1971.
3. Preliminary results of the 1970 census, reported in the Boletín of the Asociación Dominicana Pro-Bienestar de la Familia, October 1970.
4. Estimates from basic data of CELADE: Boletín Demografico, Year 2, No. 4, Santiago de Chile, July 1969.
5. World Bank Atlas, IBRD 1972.
6. Fourth Report on the World Health Situation, 1965-68. Official Records of the WHO, no. 193, WHO June, 1971.
7. World Population Data Sheet, Population Reference Bureau, 1972.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The Dominican Republic occupies the eastern part of the island of Hispaniola. Discovered by Colombus in 1492, it was the first colony in the New World. The Republic took its independence from Spain in 1844, after 22 years of Haitian domination. US military intervention has occured at various times, the last being the invasion of 1965. There has been a high rate of population growth over the past few decades, slightly mitigated in the 1960s by the emigration during that period of 84,432 persons (mostly to the USA), many of whom were in the 20 to 40 years' age group with generally low mortality and high fertility. Although the population is still predominantly rural the urban population has grown more rapidly than the rural over the past few years. In 1960, for example, there were 7 cities with over 20,000 inhabitants and 2 cities with over 30,000 inhabitants. By 1970, the number had risen to 14 and 9 cities respectively.

The Family Planning Association points out that the given official rates for births, deaths, and infant mortality may be considerably lower than the real rates as there is widespread under-registration. According to the FPA, the birth rate may be 45-48 per 1,000, the death rate 15 per 1,000 and the infant mortality rate 100 per 1,000.

Ethnic

73% Mulatto, 16% White, 11% Black.

Language

Spanish; small minorities speak French or English.

Religion

The majority of the population are Roman Catholic.

Economy

Agricultural products form the main exports, in particular sugar (50% of total export value) for which the USA is the chief market. Other exports include cocoa, coffee, and tobacco. Mineral resources are being developed, in particular nickel. Political upheavals and droughts slowed economic growth in the sixties, GNP increasing only 5% in that decade. Unemployment was officially 16% in 1960, 30% in 1970. Only 2% of the labour force work in manufacturing industry, and 1% of the population owns 30% of the land. Average living standards are low and an estimated 86% of the population live at subsistence level.[1]

Communications/Education

As over 75% of the railway network is used solely for transporting sugar, roads are the main form of communication. There are internal and international air services.

In 1969, there were 6 daily newspapers (32 per 1,000 inhabitants), 160,000 radio and 100,000 television receivers.[1]

Primary education is free and compulsory between the ages of 7 and 14 years when it is available. In 1967 there were 644,971 pupils in primary education, and 79,440 pupils in secondary education.[2] There are three universities.

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1 Report by the Asociación Dominicana- Pro-Bienestar de la Familia, October 1969.

2 UNESCO Statistical Yearbook, 1969.

In 1960 the census reported 66% of the population literate; in 1970 this had increased to only 68%, after large-scale investment in education.

Medical/Social Welfare

The lack of organization and the inadequate staffing of the health services are the result of undercapitalization and shortage of training facilities. In the period 1969-1972 the Government carried out a programme with USAID assistance to build and modernize hospitals, health sub-centres, and rural clinics. The project also included a training programme for health personnel.[1]

FAMILY PLANNING SITUATION

There is an official family planning programme, initiated in 1968. The private Family Planning Association is represented on the National Council for Population and the Family and its contributions to and responsibilities within the programme are defined in relation to the Government.

Attitudes

There is strong government support for family planning and an active official programme. In 1970, the re-elected President reaffirmed his support for both the official and private family planning programmes. Several sectors of the community are represented on the National Council for Population and the Family, which includes representatives of the private sector as well as various government departments.

There is no open Roman Catholic opposition to family planning. The Church accepted the teachings of the Papal Encyclical of 1968 but the matter has remained open for discussion and some members of the clergy are concerned to promote sex education. However, the fact that a large number of hospital nurses are Catholic nuns makes it difficult for the family planning programme to rely on their full cooperation.

Legislation

In July 1970, a Presidential decree removed all import duties from chemical products and contraceptive objects. The maximum retail prices for these products are to be fixed by the Secretariat of Public Health and the General Board of Price Control.

Abortion is illegal.

FAMILY PLANNING ASSOCIATION

History

The first family planning activities in the Dominican Republic were sponsored by the Social Action Council of the Dominican Evangelist Church in 1963, and by 1965 an IUD service was being organized in a private clinic. In 1966, the Dominican Family Welfare Association was formally established by the same group and carried out a service programme in 26 localities, with the help of private doctors. In 1968 the Association received IPPF assistance for the first time and in the same year began to cooperate with the newly established National Council for Population and the Family. The Association is a member of the IPPF.

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1 Fourth Report on The World Health Situation, 1965-1968. Official Records of the WHO, No. 193, WHO June, 1971.

Address

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Personnel

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Executive Director:	Dr. Orestes Cucurullo R.
Director of Information and Education:	Lic. Magaly Caram de Gomez
Director of Fundraising Unit:	Lic. José Blanco
Head of Radio School:	Lic. Marisela Méndez

Services

After the initiation of a national programme in 1968 the Association continued to run the Los Ninas family planning clinic in Santo Domingo which it had opened in July 1965. In 1972 it operated two clinics, including a model clinic at the Dr. Moscoso Puello Hospital. There were 4,499 new acceptors in 1972, of which about 50% used orals and 50% IUD's. Total active users totalled 14,426 (60% orals). This compares with a national total of 57,000 active acceptors at the end of 1972. A Pap smear service is also provided.

The Family Planning Plan of the NPFC (1973-76, Joint Government - FPA organization), includes in its provisions an extension of family planning services (primarily by the Public Health Services), better supervision of clinics, and more emphasis on research and evaluation.

At present the NPFC conducts an evaluation of the programme as a whole every six months.

Information and Education

In the agreement between the Government and the Association the latter is assigned the responsibility for information and education activities. The Association is increasingly directing its programme in this field towards the use of the mass media in order to reach the general public more effectively. This means at present that the FPA is concentrating on the rural population.

At the local and community level, the Association organizes talks for clinic patients, other group meetings, talks, and film shows for member of the general public, and short educational seminars and round-table discussions for community leaders, including university staff, the medical profession and journalists. In addition, some 80,000 leaflets and other printed material was distributed in 1972. But with the need to reach a wider audience, particularly in rural areas, the radio is now of major importance.

The use of radio has greatly intensified since 1970, when the first tentative steps were taken. In 1972, 8,126 "spots" were broadcast, but by far the greatest emphasis has been placed on the Radio School of Family Education. From June 1972 this one-hour daily (week-days) programme has been broadcast from 10 stations, covering 75% of the countries' population. An estimated 100,000 people listened regularly by February 1973. The programme aims at conscientisizing people on a variety of subjects, with family planning as the main component. A dialogue between broadcaster and listener has been created through correspondence, recording in the field, and close fieldwork contact. The intention is to create a feeling of participation among listeners.

Since the advent of the programme, the number of new acceptors at family planning clinics had risen sharply - some 19% to February 1973, compared with the previous 8 months.

The 1973 I&E programme includes further extension of the Radio School, the formation of a Corps of Popular Promotors, and more work with male groups emphasising responsible parenthood.

Training

Under the agreement of the Government's National Council for Population and the Family, all training of medical and paramedical personnel is conducted jointly. The Association supports the technical staff at the Dr. Moscoso Puello Hospital in Santo Domingo where a jointly administered Training Centre operates, based on the family planning clinic run by the official programme within the hospital. Training courses are conducted both here and at the Association's offices. Several 2-week courses are held each year. In 1972 a total of 127 nurses, doctors, sociologists and social workers received training. The majority were from the Government programme.

GOVERNMENT

History

In December 1967 the President of the Dominican Republic was one of the heads of State who signed the UN Declaration on Population. This public declaration of concern for population problems took on a positive form when early in 1968, the Government created by decree a National Council for Population and the Family under the jurisdiction of the Ministry of Health. The Council consists of representatives of several government departments and of the private sector through the Family Planning Association, and it is responsible for designing and carrying out a nation-wide programme in which family planning services are incorporated into the maternal and child health care services. One objective of the national Five Year Plan (1969-1973) is to reduce the country's birth rate but it is also concerned to reduce infant mortality and to improve the medical care, and the general health level of mothers and children.

The Government programme is mainly financed by USAID which is also assisting the development of a comprehensive maternal and child health care system through the aid programme to which reference has already been made. The NCPF has also received considerable assistance from the Population Council.

Services

Under the agreement with the private Association the Government is responsible for the provision of medical/clinical services. The Government operates about 40 clinics, almost all of them integrating their family planning services with MCH services. Three mobile clinics have been operating since 1970.

The Government operates two Cytology Centres,one in Santo Domingo and one in the North, to serve clinics in the capital and in the provinces. The Association pays the salaries of a pathologist and of a cytotechnician and the Government covers all other costs.

Training

The training programme is run jointly with the private Association.

Other Organizations

Instituto Nacional de Estudios Sexuales (National Institute for Sex Studies)

The Institute was formally established in 1969 by a group of private citizens - including doctors, lawyers, and social workers, under the chairmanship of a Catholic priest. It carries out a wide range of activities to promote sex education, including the organization of courses for young people, parents and teachers.

Foreign Assistance

USAID is financially assisting the Government to expand its MCH programme. The Population Council supports the Central Office of the CNPF and its supervision and evaluation of the Government's family planning programme. The Pathfinder Fund and Church World Service assist the Government family planning programme. Peace Corps Volunteers are involved in family planning activities, and the UNFPA has assisted the National Statistical Office and the Family Planning Programmes.

Other Sources

- the Europa Yearbook, Vol. II, 1971.
- Annual Report of the Asociación Dominicana Pro-Bienestar de la Familia to the IPPF, for 1972.
- Boletín de la Asociación Dominicana Pro-Bienestar de la Familia.
- "Country Profiles - The Dominican Republic", by Hernando Pérez Montás, Population Council, January 1973.
- A. Marino, "The Impact of Radio in Communication Family Planning Information in Two Cities of the Dominican Republic", in "Clinics, Contraception and Communication", ed. J.M. Stycos, Appleton-Century-Croft, 1973.

Situation Report

Distribution *

Country GRENADA Date MAY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			344 sq.kms.[1.]
Total Population	77,000[1.]	88,677[1.]	94,500 (1970)[1.]
Population Growth Rate			0.5% (1963-71)[1.]
Density			279 (1971)[1.]
Birth Rate	38.6[1.]	45.3[1.]	31.5 per 1,000 (1969)[2.]
Death Rate	13.8	11.6	7.4 per 1,000 (1969)[1.]
Infant Mortality Rate	90.1[1.]	77.9[1.]	40 per 1,000 (1969)[1.]
Women in Fertile Age Group (15-49)			19,002 (1964)[1.]
Population Under 15		47.6%[2.]	49% (1964)[1.]
GNP Per Capita			US$300 (1970)[3.]
GNP Per Capita Growth Rate			-0.8% (1960-69)[3.]
Population Per Doctor			3,500 (1968)[4.]
Population Per Hospital Bed			150 (1968)[4.]

1. UN Demographic Yearbook 1971.
2. Information provided by the Grenada Planned Parenthood Association.
3. World Bank Atlas, published by the International Bank for Reconstruction and Development, 1972.
4. Fourth Report on the World Health Situation, 1965-1968. Official Records of the WHO. No. 193, WHO, June 1971.

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GENERAL BACKGROUND

Grenada is part of the Windward Islands in the eastern Caribbean and is one of the Associated States with the United Kingdom. With St. Vincent, it shares the administration of the group of small islands called the Grenadines, the largest of which is Carriacou with approximately 12,000 inhabitants. At the end of 1971, together with Dominica, Guyana, St. Kitts/Nevis, St. Lucia and St. Vincent, Grenada published a joint plan to form a new West Indian state by March 1973. At present however, the Island's Premier (Mr. Eric Gairy) is pressing for Grenadan independence.

The population of Grenada according to the provisional result of the 1970 Census is considerably less than had been estimated. The 1969 United Nations estimate had been 105,000. Emigration from the island may be a contributing factor to this result. According to figures prepared by the Department of Sociology of the University of the West Indies and published in the Daily Gleaner, (Kingston, Jamaica), February 1971, the annual rate of population increase between 1960-1970 was 0.64%.

The largest settlement is the capital, St. George's, with a population estimated at between 10,000 and 15,000 inhabitants.

Ethnic Groups

The population is mainly of African and mixed descent, with smaller numbers of East Indians, Europeans, and Caribs.

Language

English is the official language. A West Indian dialect of English is also spoken.

Religion

The 1960 Census showed that 62% of the population were Roman Catholic, and approximately 13% Anglican.

Economy

As Grenada has no manufacturing industry, the Island is heavily dependent on agriculture and tourism. Bananas are the main export earner, but production has fallen 25% in the last 5 years. The other main crops, nutmeg, cocoa and mace, have also been affected by the severe economic recession that Grenada has suffered for some years. Tourism has not expanded as much as expected. Grenada belongs to CARIFTA, the Caribbean Free Trade Association. GNP has increased since 1968 only from EC$40 million to EC$41.8 million in 1972, while the cost of living has risen considerably.

Communication/Education

Internal communication is by road. Grenada is served by inter-island shipping and air lines as well as by international air and sea services.

There are three newspapers. The Windward Islands Broadcasting Service (radio) has its headquarters in St. George's.

Primary education is free and theoretically education is compulsory between the ages of 5 and 15 years. However, there are not enough places in the primary schools and the truancy laws are not enforced Secondary education is not free and it is estimated that only one out of ten children of secondary age can attend a school.

Medical/Social Welfare

The Ministry of Social Services is responsible for health services. In each of the health districts into which the territory is divided, activities are integrated at a health centre providing basic services including maternal and child health care, nutritional care, and health education.

In 1968, of 2,994 live births, 1,258 deliveries took place in institutions and 1,615 were attended by a qualified doctor or midwife at home.

FAMILY PLANNING SITUATION

A private family planning association supported by the IPPF provides family planning services. The Government is permissive towards the Association and allows the use of public health facilities and personnel on a voluntary basis.

Attitudes

In 1970 and 1971 the Association hoped to involve the Government in responsibility for family planning services but negotiations proved unsuccessful, mainly as a result of political opposition from official circles. Local 'black power' disturbances created a bad atmosphere for the discussion on family planning. However, the Ministry of Education has tacitly approved the introduction of family life education into schools.

In 1972, the Association was largely responsible for the establishment of a Family Life Education Association. Seven government politicians and some executives belong to this organization.

The Government of Grenada continues to be permissive with regard to family planning: duty exemptions, franking privileges, use of willing personnel, property and government media, but also continues to evade any policy statement on family planning.

There has been some active opposition from the Roman Catholic Church.

Legislation

Abortion is illegal. The Government allows the Association to import contraceptives free of duty.

FAMILY PLANNING ASSOCIATION

History

The Grenada Planned Parenthood Association was founded in 1964 by a small group including physicians, social workers, and administrators, who were concerned to improve the standard of life for the islands' growing population. The neglect of children and illegitimacy were serious social problems which needed to be dealt with and the Association's aims included the provision of education on responsible family life as well as of family planning services. Although there is no stigma attached to illegitimacy, yet the resulting large number of unstable homes and families without a father is a common problem.

The Association opened its first clinic in St. George's in 1964. By the end of 1972, the GPPA was operating 11 clinics and subclinics, as well as distributing contraceptives through fieldworkers and encouraging public health personnel to cooperate in providing family planning services to patients at public health facilities. The membership of the Association doubled in 1972.

Address

Grenada Planned Parenthood Association,
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Scott Street,
St. George's,
GRENADA.

Officials

President:	Mr. C.A. Sheppard
Executive Director:	Mrs. Marie-J McIntyre
Office Manager:	Mrs. Myra Wilbur

Services

In 1972, the GPPA ran 11 clinics and subclinics, three of which opened in 1972. Two of these are in rural areas.

The team of fieldworkers included the provision of contraceptive supplies amongst their activities.

The total number of active acceptors increased in 1972 from 2,685 to 4,897, an increase of nearly 85%. New acceptors in 1972 totalled 2,212, with 581 drop-outs. The majority of the new acceptors used orals, with a substantial minority using condoms and spermicides.

Now almost 40% of the fertile female population are active acceptors.

The Association also offers a cytology service to acceptors. The slides are processed at the Population Council Laboratory in Barbados. 650 Pap smears were taken in 1972.

Through the motivation and training of government doctors and nurses working in public health centres, the Association seeks to gain their co-operation in the provision of family planning services. The Government permits the Association to use its facilities and personnel but will not direct the personnel to take up such activities. The organized training began in 1971 and the Association hopes to reach all the 50 district nurses and 20 doctors. At present about 10 public health centres offer family planning services. The GPPA intends to expand its clinical services in 1973, while at the same time endeavouring to obtain more support from the public health sector.

Fieldwork

The fieldwork team are an important part of the Association's Programme. In 1972 there were 7 full-time and 4 part-time fieldworkers employed. Clients are supplied with contraceptives or are referred to a clinic. Fieldworkers also follow-up drop-outs and engage in motivation work. Many of the nurses working in public health stations cooperate by supplying contraceptives to fieldworkers' clients. The main target groups are rural people, slum-dwellers and men.

Information/Education

As well as the person to person motivation programme carried out by the field-workers, the Association runs a programme of public meetings to promote its aims and work. 125 were held in 1972. In 1970 four general seminars were held in different parishes to discuss family planning from the religious, economic, and medical points of view. It was the first time that Roman Catholic priests took part in a family planning promotion activity.

The organized programme also includes film shows and lectures, and the distribution

of literature, including locally produced leaflets on family planning, Pap smears, venereal disease, population, child care, and a special leaflet for men only. 5,500 leaflets were distributed in 1972. In October 1972 the GPPA began producing its own monthly newsletter. A poster competition was held.

The mass media are used by the Association. There is some newspaper coverage and announcements of activities and the radio is increasingly being used. In 1970, free radio time was granted to the Association for the first time on the Government Broadcasting Unit. In 1972 radio activities expanded, with 9 radio talks and 150 "news releases" being broadcast.

Sex Education

One of the aims of the Association is to achieve the introduction of family life and sex education into schools. In 1970, following a circular of the Education Department on their views on the matter, the Association held a series of six parent teacher association meetings at which the majority opinion was expressed in favour. Sex education classes were already being run by the Association for school children and 79 were held in 1970.

By 1971 the Ministry of Education had given tacit approval to the introduction of family life and sex education into schools. The Family Life Education Association formed in 1972 should enable a considerable expansion in sex education to occur, particularly in the Island's schools.

Training

In-service training is carried out for all Association staff and special training is organized for new staff members.

Similar courses were held in 1971. The 1972 training programme includes courses for government doctors and nurses, for teachers who are to take part in the family life education project in schools, and for group leaders as volunteer teachers of family life education or family planning motivators for adult groups.

Resource Development

Fund raising activities were begun in 1971, using the available mass media, direct approaches to donors, and a general programme of lectures and film shows. In 1972, however, because of the bleak economic situation, the fund-raising committee did not meet. Nevertheless, almost US$5,000 was donated locally.

Foreign Assistance

Oxfam has financially assisted the Grenada FPA.

Other Sources

- The Europa Year Book. 1971, A World Survey. Vol. II.
- Annual Report of Grenada Planned Parenthood Association to the IPPF, 1972.

Situation Report

Distribution

Country GUATEMALA Date JUNE 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			108,889 sq.kms.[1]
Total Population	2,790,868[1]	4,284,473 (1964)[1]	5,400,000 (1972)
Population Growth Rate			2.8% (1965-70)[2]
Birth Rate	51.3(1950-54)[1]	49.5	43.2 per 1,000[2]
Death Rate	21.4(1950-54)[1]	17.5	15.0 per 1,000(1965-70)[2]
Infant Mortality Rate	100.1(1950-54)[1]	91.9	93.8 per 1,000 (1968)[1]
Women in Fertile Age Group (15-49)		972,000(1965)[2]	1,139,000 (1970)[2]
Population Under 15			45.7% (1970)[2]
Urban Population		27.6	31.0 (1971)[3]
GNP Per Capita			US$360 (1970)[4]
GNP Per Capita Growth Rate			2% (1960-70)[4]
Population Per Doctor			4,140 (1967)[5]
Population Per Hospital Bed			320 (1967)[5]

1 UN Demographic Yearbook, 1971.
2 Boletín Demográfico, CELADE.
3 UN Monthly Bulletin of Statistics, November 1971.
4 World Bank Atlas, 1972.
5 UN Statistical Yearbook, 1971.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The Central American Republic of Guatemala has one of the highest population growth rates on the continent. The majority of the population live in rural areas and most of this rural population are Indians, largely cut off from urban life and facilities. The only large city is the capital, Guatemala City: 731,000 inhabitants in 1970.

Ethnic

53% of the population are Amerindians, and the remainder are of mixed descent.

Language

Spanish; many Indian languages are also spoken, including Quiche, Mam and Cakchiquel.

Religion

Chiefly Roman Catholic; there are some small Protestant communities.

Economy

The economy is agricultural, and the chief crops are coffee, cotton and maize. GNP increase has been considerable over the past 4 years. Sugar refining and beverages are the main industries. There is extensive foreign involvement in rural development, and growing foreign investment in mineral exploitation.

Communications/Education

Roads are the main means of transport. At least 8 daily newspapers are published in Guatemala City, one in English. There are nearly 80 radio stations, 5 of which are run by the Government, and also 3 television stations. Some radio broadcasts are in Indian languages.

Primary education is free, and is compulsory in urban areas, from 7 to 14 years. There are 5 years of secondary education, and higher education is available at 2 state and 2 private universities. Educational facilities are largely restricted to urban areas.

Medical/Social Welfare

Medical infrastructure is well developed but there is a shortage of personnel. Malnutrition is a serious problem, in particular in rural areas, and contributes to the high rate of infant mortality - (93.8, 1968), and of maternal deaths.

Employers with more than 5 employees are required to register with the state Institute of Social Security which provides limited health and welfare benefits.

FAMILY PLANNING SITUATION

There is a National Committee (two government member and two FPA members) which coordinates family planning activity in Guatemala. Services are provided through the Government's maternal and child health programme. The Government concentrates these activities in rural areas, while the FPA provides services in Guatemala City. The Social Security Institute may also provide some contraceptive services, but no details are yet available.

Attitudes

Government support for family planning was made official in July 1969, when the state began to incorporate family planning services into the health activities of the Ministry of Public Health. There is no active opposition from the Roman Catholic Church.

Legislation

In February 1973, the Guatemalan Legislature enacted a law legalizing abortion to protect the health of the mother or in cases of rape. Press and Catholic Church opposition was considerable.

FAMILY PLANNING ASSOCIATION

History

The Family Welfare Association of Guatemala was founded in 1962, and became an IPPF member in 1969. It became a legal entity and it opened its first clinic in 1965.

Address

Asociación Pro-Bienestar de la Familia de Guatemala,
4a Avenida, 2-18, Zona 1,
Guatemala City,
Guatemala.
Apartado postal 1004.

Officials

President:	Dr. Edmundo Guillen
Director General:	Dr. Roberto Santiso Galvez
Executive Director:	Senor Rodolfo Estrada Avalos
Information and Education Director:	T.S. José Luis Aldana A.

Services

In 1972, the FPA operated 8 clinics and two sub-clinics. By agreement with the Government the FPA is to service Guatemala City, and all their clinics are located in the capital. There were 8,803 new acceptors in 1972, of which about 75% used orals. Fertility, infertility and cancer detection services are also provided.

Information and Education

In 1970, government and Association resources were fully integrated in the field of information and education services. In October 1970, the Association's information and education department moved into a new office in the Maternal and Child Health and Family Division of the Ministry of Public Health.

The Association uses all methods of mass and individual communication: Some 230,000 pamphlets and leaflets were distributed in 1972, radio and television spots were broadcast, press articles and advertising, film showings and lectures and workshops. These were for students, teachers and others.

Special programmes are being designed to reach the Indians (including radio broadcasts in Indian languages), the army and marginal urban dwellers. A vasectomy information project is being planned. In 1973, a daily half-hour radio programme - "The Welfare of the Family and its Future" - will commence.

Sex Education

A joint committee, representing the Association, the Ministry of Public Health, the Ministry of Education and the Universidad del Valle, has been set up to co-ordinate all activities in this field. The Minister of Health endorsed sex education activities in schools as a way of reducing the abortion problem.

Training

Courses, seminars and other theoretical training are provided at the Association's Headquarters, and practical field-work is organized in association clinics. A joint Association/Ministry of Public Health Committee selects participants. These courses are of one-weeks duration and are held in cooperation with the Ministry of Health. In 1972, 363 nurses, social workers, doctors and others attended courses.

GOVERNMENT

Services

By February 1973, the Government was providing family planning services in about 70 health centres, mainly in rural areas, and is now undertaking a programme to provide health (and family planning) services at 325 health "outposts". It is also planned to serve isolated rural areas with 25 mobile teams. The family planning component in the Health Service tends to take a minor role behind MCH and nutrition.

Foreign Assistance

USAID provides financial assistance to the government programme. The Pathfinder Fund and World Neighbours both assist family planning activities among Indian groups. The UNFPA is assisting in the Sex Education field, and SIDA has provided commodities for government clinics. The Population Council has made grants to the Central American Institute for Population and Family. The Health Services and Mental Health Administration (US Government) provided assistance in developing a computerized rapid feedback system of service statistics for family planning evaluation.

Other Sources

- Annual Report of the Family Welfare Association of Guatemala to IPPF, for 1972.
- Europa Yearbook Vol. II, 1970.

Situation Report

Distribution *

Country HONDURAS Date MAY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			112,088 sq.kms.[1.]
Total Population	1,368,605[1.]	1,885,000 (1961)	2,583,000 (1970)
Population Growth Rate			3.4% (1963-70)[1.]
Birth Rate	40.4[1.]	51 (1961)	49 per 1,000 (1970)
Death Rate	12.0[1.]	19 (1961)	17 per 1,000 (1970)
Infant Mortality Rate	85.6[1.]	52	36.5 per 1,000 (1969)[1.]
Women in Fertile Age Group (15-49 yrs)			584,000 (1970)[2.]
Population Under 15		48% (1961)	47% (1970)
Urban Population		21.7%[3.]	26.2% (1970)[3.]
GNP Per Capita			US$280 (1970)[4.]
GNP Per Capita Growth Rate			18% (1960-70)[4.]
Population Per Doctor			4,800 (1967)[5.]
Population Per Hospital Bed			560 (1967)[5.]

NOTE: Unless stated otherwise, the source for this table is Datos Básicos de Población en América Latina, 1970: Department of Social Affairs, General Secretariat of the Organization of American States.

1. UN Demographic Yearbook, 1971.
2. Estimate from basic data of CELADE, Boletín Demográfico, Year 2, No.4, Santiago de Chile, July 1969, Table II.
3. UN Monthly Bulletin of Statistics, November 1971.
4. World Bank Atlas, published by the International Bank for Reconstruction and Development, 1972.
5. Fourth Report on the World Health Situation, 1965-1968. Official Records of the WHO, No. 193, WHO, June 1971.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Honduras is a predominantly rural country with a low density of population: 23 persons per square kilometre in 1970. This low population density in comparison to its neighbour, El Salvador, has encouraged Salvadorean immigration. Friction between the two countries over the immigrants led to an undeclared war in the summer of 1969. Control of settlers, estimated at about 300,000, is a matter requiring regulation in order to prevent further incidents.

Birth, death, and infant mortality rates in Honduras are very likely higher than the official rates as a result of an incomplete vital registration system. A survey carried out in 1971 by CELADE (Centro Latinoamericano de Demografía, "Encuesta Demográfica Nacional de Honduras") gives some idea of the extent of the inaccuracy of the official demographic statistics in Honduras. For e.g., CELADE found that the birth rate was 52.6 per 1,000, the death rate 12 per 1,000, and that the percentage of the population under 15 was 49%. Rural birth rate was found to be 58 per 1,000 compared with an urban rate of 41 per 1,000. Infant mortality was found to be 104 per 1,000 far in excess of the Government figure of 36.5 per 1,000 (1969). Recent measures to improve health have helped to lower the infant mortality rate slightly. At its present rate of growth of 3.4% per annum, the population will double within 21 years.

The largest city is the capital Tegucigalpa, with about 232,000 inhabitants (1971). The only other large town is the port of San Pedro Sula (102,000 inhabitants in 1971) which as a result of the banana trade is one of the fastest growing towns in Central America.

Ethnic Groups

1945: mixed - 86%, Amerindian - 10%, Black - 2%, White - 2%.

Language

Spanish is the official language and is almost universally spoken. The strong Indian element survives in the several Indian languages which are still spoken, including Lenca in the south, and Jicaque and Paya in the north-east.

Religion

The majority of the population are Roman Catholic.

Economy

Traditionally the economy has been dominated by banana production, mainly under the control of US capital. Bananas are still the chief export although in an attempt at diversification, timber production has increased considerably. There is very little industry and agriculture continues to employ the majority of the population. Other products include tobacco, coffee, cotton, coconuts, beans, maize and sugar.

Communication/Education

The transportation system is poor. Roads and railways are concentrated in the north of Honduras to serve the banana plantations and the ports. Air services are an important link.

There are 12 daily newspapers in Tegucigalpa and other towns and 26 other periodicals. The 59 radio stations include some owned by the Government as well as religious and commercial stations. In 1969, there were 145,000 radio sets. There is one television station and 21,500 television sets (1969).

Education is free and compulsory from the ages of seven to 15 years. However school

attendance is frequently limited by lack of schools and staff. The 1961 Census data showed that 55% of persons aged 15 years and over were illiterate. There is a National University in Tegucigalpa.

Medical/Social Welfare

The Ministry of Public Health and Social Assistance is responsible for the provision of public health and medical services. Major public health problems in the form of the high incidence of communicable diseases and serious deficiencies in environmental hygiene persist.

There is a network of 15 public hospitals, 8 Health Centres in provincial capitals, 69 Health Sub-Centres, and 71 Health "outposts".

The public services include a small maternal and child health service. In 1968 only 20,340 deliveries out of a total of 107,302 live births took place in a hospital.

With the assistance of Pan American Health Organization (PAHO), the Ministry of Public Health is drafting a comprehensive 4-year MCH programme. This may contain a family planning element.

The state social security system which operates in the capital is to be extended soon to other districts. Sickness, unemployment, accident, and maternity benefits are provided.

FAMILY PLANNING SITUATION

The Government's National Programme for Family Planning provides some family planning services through the official Maternal and Child Health Programme. In thirty of the above-mentioned public health locations the Ministry operates MCH programmes which include family planning. This means that during certain hours the clinics are open only for family planning services. The Ministry plans to expand this service at the rate of 6 clinics per annum. The Social Security Institute is considering opening clinics in urban hospitals. A private family planning association supported by the IPPF also provides services. But as a result of inadequate health facilities and poor transportation most of the population is not reached by family planning.

Attitudes

Even before the Government set up its official programme in 1966 it had encouraged the private activities of the Association. The Ministers of Health of the different governments in office gave considerable moral support to family planning. Support also came from the Congress and the medical profession.

Over the past two years, opposition to family planning has grown, following the war with El Salvador and the concern for a larger population for the Army and national defense. There is opposition from both the right and the left, including radical student groups. The influential Roman Catholic Church has also opposed family planning.

Legislation

By a Decree of 25th June 1964 abortion may be carried out if it is necessary for therapeutic reasons. The written consent of the patient, husband or nearest relative is necessary for the operation to be carried out, and the necessity for an abortion has to be approved in writing by a medical committee. Abortion is not to be carried out unless all the methods for preserving the mother's life without prejudicing the life of the foetus, have been tried without success.

Sterilization may be carried out with the patient's written consent and on the decision of three doctors.

The Government allows the tax-free importation of contraceptives.

FAMILY PLANNING ASSOCIATION

History

With encouragement from the IPPF Western Hemisphere Region Office, the Honduran Family Planning Association was established in 1961 by the Dean of the Medical School, Dr. Adán Cuevas. The first family planning clinic was opened in 1963. From its initiation, the Association was supported by members of the medical profession, in particular by the Medical School and by the Honduran Gynaecological and Obstetrics Association. The aim of reducing the high abortion rate was one of the chief motives behind the Association's creation. In 1962 an estimated 25% of pregnancies ended in abortion and 60 out of 100 patients admitted to the gynaecological service of the San Felipe Hospital in Tegucigalpa were abortion cases.

The Association operates one pilot clinic, two hospital post-partum programmes with the assistance of the Population Council, and opened a small clinic at Olanchito in 1972.

In 1965, the Association became the first IPPF member in Latin America.

Address

Asociación Hondureña de Planificación de Familia,
4a Calle No. 1418,
La Plazuela,
Apartado Postal No. 625,
Tegucigalpa, D.C.,
HONDURAS.

Officials - 1973

President:	Dr. Rigoberto Alvarado
Vice-President:	Dr. Danilo Velásquez
Executive Director:	A. Flores Aguilar

Other members elected to the Executive:

Educadora Gloria Mondragón
Enf. Ana Rosa de Ponce
Profesor Joaquín Bográn Fiallos
P.M. Lesbia R. de Lorenzana
Dr. Anarda Estrada
Dr. E. Antonio Pinto

Services

The Association opened its pilot clinic in the San Felipe General Hospital, Tegucigalpa, in 1963, and in January 1970 transferred it to the capital's Maternal and Child Hospital. In 1969 two post-partum programmes were initiated with the assistance of the Population Council, one in the Maternal and Child Hospital and the other in the Leonardo Martinez Hospital in San Pedro Sula. These programmes are part of the Population Council's International Post-partum Programme. The Association does not plan to extend its clinic as the provision of all clinic services is eventually to be the responsibility of the Ministry of Public Health.

In 1972 the Association operated the pilot clinic, which had 1,160[1] new acceptors, and two post-partum clinics. A total of 7,908[1] new acceptors were recorded at the post-partum clinics. A small clinic was opened during 1972 at Olanchito.

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1. Based on monthly figures to August 1972.

These figures show a substantial decline in new acceptors over 1971. At the pilot clinic the monthly average in 1971 was 145 new acceptors; in 1972 the average was 105, a decline of 27%. The post-partum clinics had a small drop, of about 3%.

About 75% of acceptors use the oral contraceptive. Infertility advice is given on request.

The Post-Partum Programme has been financed by the Population Council on a year-by-year basis. This support may be continuing into 1973. In that case there are contingency plans to transfer some of the case-load to the pilot clinic.

As the workshop for doctors in the Government Health Service had considerable success in 1972, it is planned to extend it to 5 days and invite 40 doctors in 1973. 1974 may see the commencement of vasectomy and sterilization services. The Association does not have a cancer detection programme but refers clients to the Cancer Detection Service in the San Felipe General Hospital.

Information/Education

The Association devotes a large part of its resources to information and education work, using all the mass media available as well as person to person contact. The programme seeks to reach both the general public and specific groups who are influential within the community, not only in the urban but in the rural areas. Since 1971 the emphasis has been on reaching the rural population who represent 74% of the total (1970). The Association's mobile audio-visual unit, donated by CARE (Cooperative for American Relief Everywhere, Inc.) in 1970, plays a major part in motivation amongst this important sector of the community.

As part of its educational programme in 1968, the private Association organized talks for the executives and workers of the Standard Fruit Company. The Company has organized a family planning programme among the banana workers.

The Association's programme in 1972 included seminars, courses, talks, home-visits and filmshows, for clinic acceptors, community groups, agricultural and labour leaders, teachers, parents, and medical personnel. The mass media were used extensively: almost half a million "spots" were broadcast during 1972 on 24 transmitters. There were also 87 editions of the programme "Family Planning for the Home" broadcast from 2 stations. Television also had a useful role, with 28 editions of the programme "Welfare of the Family" being shown on 3 channels. 573 "spots" and 4 short films were also televised. The Association held a workshop for journalists in 1972. The press was used and two special exhibitions were mounted in 1970, in Tegucigalpa and San Pedro Sula.

The Association printed and distributed 94,300 informational and educational items, as well as 48,000 copies of its monthly Newsletter.

The "Acceptor-Visitor" pilot project (using acceptors from the pilot clinic) was expanded from 2 "Acceptor-Visitors" in 1971 to 10 at the end of 1972. These women visit other acceptors and drop-outs in their homes for motivational purposes. 5,736 visits were made in the last half of 1972.

The Literacy and Family Planning Project, conducted in co-operation with the Ministry of Public Education, World Education Inc., and the National Peasant Association of Honduras, to include family planning education as part of an adult literacy campaign in village communities. From May to October 1971, a pilot campaign was organized in 20 villages selected by the Peasant Association, attended by a minimum of 25 pupils in each village. The Family Planning Association which is responsible for the programme's direction and administration, organized the training course for the 20 educators who participated in the project expansion of this project in 1972 took the form of more teaching-training. The programme is to be continued and developed in 1973.

Training

Following the initiation of the Government's family planning programme in 1966 the Association became responsible for the training of the medical and paramedical personnel taking part in the official programme. In 1968-69, over 200 persons were trained, including physicians, nurses, medical aides, and social workers. In recent years training activities have not been extensive.

GOVERNMENT

History

The Government's National Programme for Family Planning was established in 1966 with US AID assistance and received an appropriation within the public health budget voted in Congress. Family planning services were to be provided by the Government within its general health services while the private Association was to be responsible for training and for information and education programmes. After the original Government Programme stagnated, a new Maternal and Child Health Programme was created in 1968, which integrated maternal and child health, nutrition, and family planning services. A National Coordinating Committee was set up composed of representatives from the Government and the private Association.

The Government Programme was reorganized in January 1970 to widen the scope of its activities and to reach a larger sector of the women of fertile age. The Ministry of Public Health concentrated on improving the services offered in its clinics, which in 1972 totalled 30 permanent clinics and three mobile rural units. To stimulate the provision of services in the rural areas, the private Association organized a meeting in April 1970 for 84 staff members of the Government's Rural Mobile Health Programme, to encourage their co-operation in the provision of services.

In 1971, on the basis of a decree, the Maternal and Child Health Programme of the Ministry of Public Health was made responsible for the supervision and co-ordination of all family planning activities.

Up to now the Government Programme has remained small and faces many problems in trying to reach the population at risk, in particular in view of the lack of health care in many areas and of the inaccessibility of many parts of the country.

Sources

- Asociación Hondureña de Planificación de Familia, Annual Report to the IPPF for 1972.
- The Europa Yearbook, 1971. A World Survey. Vol. II.
- Abortion Laws; A Survey of Current World Legislation. WHO. Geneva, 1971.

Situation Report

Distribution *

Country PHILIPPINES Date MAY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			300,000 sq.kms.[1]
Total Population	20,000,000	27,000,000	36,684,486 (1970)[1]
Population Growth Rate			3.0% (1963-71)[2]
Birth Rate	50		44.7 (1965-70)[2]
Death Rate	11.4	7.8	12.0 per 1,000 (1965-70)[2]
Infant Mortality Rate	105.5	73.1	67.2 per 1,000 (1970)[2]
Women in Fertile Age Group (15-44 yrs)			7,831,000 (1968)[2]
Population Under 15 yrs			46% (1969)[3]
Urban Population			31.7% (1970)[2]
GNP Per Capita			US$210 per annum (1970)[4]
GNP Per Capita Growth Rate			2.9% (1960-70)[4]
Population Per Doctor	1,600	1,680	1,370 (1966)[5]
Population Per Hospital Bed	2,174	1,050	822 (1969)[1]

1. UN Statistical Year Book 1971.
2. UN Demographic Year Book 1971.
3. 1972 World Population Data Sheet, Population Reference Bureau Inc.
4. World Bank Atlas 1972.
5. UN Statistical Year Book 1970.

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* This report is not an official publication but has been prepared for informational and consultative purposes

IPPF SITUATION REPORT PHILIPPINES MAY 1973

GENERAL BACKGROUND

The Philippines is the fastest growing country in Asia. It is made up geographically of 11 main islands and over 7,000 small islands. The Government consists of Executive, Legislative and Judiciary Departments with an elected President, and it has a well-developed system of local government. The capital is Quezon City with a population (city proper) of 750,961 in 1970.

The average family size in the Philippines is 6.8 children. Density was 127 persons per sq.km. in 1971.

Ethnic Groups

Filipinos are basically of Malay stock with a mixture of Spanish and Chinese blood.

Language

The national language is Filipino, based on Tagalog, a malay-polynesian language. It is spoken by 44% of the population. Other official languages are English spoken by 40% and Spanish spoken by 2%. Major dialects are Cebuano and Ilocano.

Religion

83.7% Roman Catholic; 4.8% Muslims and the rest comprise of minority religious groups.

Economy

Agriculture, forestry and fishing contribute about 35% of domestic product and employ about 60% of the labor force. Rice cultivation predominates. Half of those employed in agriculture are self-employed, tilling small farms of about 2 hectares. Timber, mineral extraction and mining are important. 83% of the population live at a sub-standard economic level. Unemployment is between 10-15% and 335,000 new jobs (1969) are needed each year.

Communications/Education

The Radio Control Office under the Department of Public Works and Communications acts as radio and TV supervisory body. There are large numbers of radio and TV stations. There were 1,633,000 radio sets in 1969 and 400,000 televisions in 1970. In 1966, there were 23 daily newspapers with a circulation of 906,000 i.e. 27 per 1,000 inhabitants.

There is free education at all public elementary schools. There are 36 private and 7 state universities and 541 private and 18 state colleges. Literacy is high - about 83% of the population aged 10 and over.

Medical

Life expectancy at birth - male: 48.81 years, female: 53.36 years. (Most recent figures for those born in 1946-49).

In 1966, there were 24,385 physicians, 19,866 pharmacists, 27,306 nurses and 13,663 midwives providing medical services. Public health services such as innoculation and vaccination are provided free at state dispensaries and puericulture centers. Government Social Insurance System for government employees and the Social Security System for private employees provide cover for retirement or life. Employed persons contribute to the scheme from their wages.

FAMILY PLANNING SITUATION

Until 1970, family planning services were provided mainly by voluntary groups, with some assistance from local government. In 1969, the two principal voluntary groups - Family Planning Association of the Philippines and the Planned Parenthood Movement in the Philippines merged to form the Family Planning Organisation of the Philippines. In December 1969, President Marcos announced a Population Policy which placed family planning programmes under the overall authority of the Commission on Population.

Legislation

The legislation forbidding the import of contraceptives was changed during 1969. Act 4729 confines sales of contraceptives to pharmacies, and a doctor's prescription is required.

FAMILY PLANNING ASSOCIATION

Address

Family Planning Organisation of the Philippines,
P.O.Box 1279,
Manila,
PHILIPPINES.

Cable: FPOPHIL, Manila

Tel. Nos: 49-58-76, 48-93-58, 49-24-04

Officials

President:	Dr. Josefa M. Ilano
Vice-President for Luzon:	Dr. Milo Roa
Vice-President for Visayas:	Atty. Alberto Drilon
Vice-President Mindanao:	Mrs. Solona Canoy
Treasurer:	Dr. Esperanza de Castro
Secretary:	Rev. Edwin Lopez
Executive Director:	Dr. Enrique T. Virata
Director for Information, Education and Training:	Mr. Arturo C. Carlos
Director of Field Services:	Dr. Dionisio R. Parulan
Associate Director for Training:	Dr. Danilo Lopez
Director for Programme Planning, Research & Evaluation:	Dr. Enrique T. Virata
Director for Administration:	Mr. Elmer E. Estrella (acting)

History

Before the merger of 1969 there were two major voluntary associations as mentioned above. The FPAP, mostly led by Catholic leaders, was founded in March 1965, and had nation-wide representation involving government municipalities, universities and community leaders, and therefore had been responsible in starting a national movement and removing the various obstacles to the acceptance of family planning in the country. It had particularly close liaison with the city of Manila, whose mayor, expressed strong support.

The FPAP was running fully supported 19 clinics by 1968 and commodity-supporting more than 300 of its 600 members throughout the country. It is the first national organisation to have chapters in the provinces. The FPAP, because of these accomplishments was admitted to the IPPF as one of its associate members to represent the Philippines in the latter part of 1965. Since then, all fundings and scholarship grants to other private agencies, including PPMP, were coursed through the FPAP.

The PPMP was incorporated into a national organisation in 1967. It was started early in the 1950's as a service agency in Greater Manila and expanded to 20 USAID funded clinics and 22 clinics of private physicians trained by PPMP. It developed an extensive training programme for doctors financed by IPPF and USAID.

At present, the FPOP in its work programme pledges itself to accelerate family planning acceptance as its general objective. For the specific objectives, it commits itself to further increase the number of new acceptors, to strive for higher continuation rate, and to organize more family planning chapters and enlarge its pool of active volunteers.

Medical and Clinical Services

The FPOP has 152 clinics. This figure includes the clinics run under the Agro-industrial project, City Health Office project and also those which are provided commodity assistance only. In 1972, the FPOP had 77,681 new acceptors and 322,895 revisits. Of the new acceptors 36,690 chose oral contraceptives, 13,532 IUD, 14,710 condoms, 7,955 rhythm, 74 injectables and the rest conventional. Other services like post natal, gynaecological, papanicolaou smears, infertility advice etc. were provided in some cases.

The clinic load is expected in 1973, to increase to 122,500 new acceptors. Provision is made to use satisfied acceptors, who will be trained and used as motivators.

Information and Education

During 1972, the FPOP in line with its aim to educate and inform community leaders, mass media people and potential acceptors, continued to print and make use of a variety of information and education materials. Community education campaign was carried out through community meetings and lectures. Also a series of workshops for satisfied acceptors and lay motivators and seminars for community leaders were organised with success. Opportunity was taken to organise exhibitions during meetings and conventions of other organisations.

A total of 230,100 leaflets, booklets, pamphlets and other promotional material were distributed by the FPOP in 1972. Of these 182,750 were produced by the I&E division. The library has expanded and provides background and research material for students. The FPOP Bulletin has a wide circulation and its main purpose is to keep the membership and chapter staff up to date with activities throughout the Association.

Wide use was made of the radio and television. A three-month radio drama series was aired over several stations. The chapters also succeeded in obtaining radio slots over 6 provincial radio stations. Spots were used widely on the radio during the family planning week in August 1972. On television, a 30-minute daily women's show was devoted to family planning for the months of September, October and November. FPOP spots were inserted through arrangements with various television stations.

49 press releases were made for 1972. The two films "The Choice is Ours" and "The Sun rises for you", produced by the FPOP increased in popularity and there was a growing demand for their showing.

The Association is taking an active interest in youth. It is directing its attention to invite selected youth leaders to community education seminars and meetings and also taps selected student leaders to help in the information and motivation programmes. On this project, the I&E division works in close coordination with the Field Services Division. Youth seminars are organised and are aimed at giving information on family planning and skills in communications.

For 1973, workshops for volunteer lay workers have been planned - in consonance with the Organisation's specific objective for 1973, which is to increase its army of volunteers in the field.

Training

The training is now integrated in the Information and Education department. The department is now known as the Department of Information, Education and Training (DIET). There are three training clinics under its supervision.

Training has been a strong component of the FPOP's work. Whereas in the early stages of the programme, training was focussed on recruitment and development of skills of the direct service workers, the FPOP is reexamining its role within the framework of the Population Commission Programme.

In 1972, 382 family planning personnel were trained. These included physicians, nurses, midwives, motivators, community workers and social workers. These personnel were trained in 6 courses: 1 refresher course, 2 inservice courses, and 4 seminars. The duration of the courses varied from 3 days to 3 weeks. The FPOP also take an active part in the training workshop organised by the IPPF - South East Asia & Oceania Region which trained 33 regional family planning personnel.

With a grant from Colombo Plan the Association with the help of education experts, is developing a guide syllabus on population education which can be adapted into the curricula of colleges and universities. In 1972/73, field trials will be implemented in order to revise and correct the guide before it is published in a final form.

Research and Evaluation

In 1972, the Organisation's programme planning function was integrated into the Research and Evaluation Division. The new title of the Division now is Programme Planning, Research and Evaluation Division.

Evaluation of service statistics using monthly consolidated reports from all FPOP clinics is being carried on. Evaluation of training courses are also being continued. A research report on "Acceptance Patterns of Family Planning among selected Filipino Couples" has been completed.

Resource Development

FPOP has organised a Resource Development Programme with fund raising as one of its objectives. Family Planning Foundation of the Philippines was launched in 1972 and is expected to become the fund-raising arm of FPOP. The goal is to raise ₱500,000 in 1973.

Fieldwork

The fieldwork programme is the responsibility of the Field Services Division. Its main function is to study and support clinics and chapters in all aspects of their work whether medical or motivational. In 1972, 4 field teams were created to cover 4 areas in the country. Two different approaches are being used and will be compared in 1973. The field teams in Northern and Southern Luzon regions are composed of physician, nurse, social work supervisor and secretary. However, in Visayas and Mindanao, the operation is different. The field representative is a physician and area co-ordinators (nurses or social workers) are based in two major provinces within the region.

A new feature in the Field Services will be to organise a Youth Development Volunteer Programme. This was started in 1972 with special funds from the International Planned Parenthood Federation and should be operating fully in 1973. "Local Junior Association" chapters will be formed from amongst in-school youth following training sessions and work camps. These Junior Associations will reach out to out-of-school youth.

Special Projects

The Association in 1970 entered into a project agreement with Population Commission and USAID on the operation of Family Planning Clinics in agro-industrial concerns and city health offices. Under this agreement in 1972-73 the Association is designed to operate 100 family planning clinics and train 160 family planning clinic personnel, conduct a national conference on family planning for managers and trade union leaders and 50 2-day motivational seminars for direct acceptors and community leaders.

As regards the Catanduanes Province wide project, the project has 11 clinics and the majority of acceptors are rural women. In 1971 4,100 new acceptors were registered. The project which was meant to be a pilot project will be turned over to the Department of Health in 1973.

GOVERNMENT

Commission on Population

Chairman: Hon. Estefania Aldaba Lim
Executive Director: Dr. Conrado Lorenzo Jr.

History

In November 1964, with initial support from the Ford Foundation, a Population Institute was established in the University of Philippines. In 1967, President Marcos signed the UN Declaration in favour of family planning. In 1968, the Project Office for Maternal and Child Health was created and placed in the Department of Health, following an agreement between the National Economic Council of the Philippines and USAID. The POMCH had overall responsibility for administering a population planning programme. In 1969, President Marcos set up the Population Commission to undertake investigations on the Philippines Population and formulate a policy and programme recommendations. As a result in 1970, the Population Commission was created and charged with "promulgating policies on family planning", promoting the broadest understanding of the family planning issue and maintaining contact with international agencies and other groups in other parts of the world engaged in family planning.

The function of the Population Commission was to act as an overall central coordinating and planning body of the national population programme. It administered 28 projects through some 32 different organisations, both governmental and non-governmental.

Membership consisted of government welfare, health, education and other agencies as well as private voluntary associations including FPOP. Due to recent changes, the Population Commission appears to have been strengthened. It is now a 5 member commission and has working committees; FPOP is represented in some of them.

Another decree was passed in December 8, 1972 which made population programme an integral part of social reform and economic development and which revised the previous Population Act. Accordingly, the Population Commission now has the following duties and functions:-

a) To employ physicians, nurses, midwives to provide, dispense and administer all acceptable methods of contraception to all citizens of the Philippines desirous of spacing, limiting or preventing pregnancies: Provided that the above mentioned health workers, except physicians, for the purpose of providing, dispensing and administering acceptable methods of contraception, have been trained and authorized by the POPCOM in consultation with the appropriate licensing bodies;

b) To undertake such action projects as may be necessary to promote the attainment of this Decree and to enter, on behalf of the Republic of the Philippines, into such contracts, agreements or arrangements with government or private agencies as will be necessary, contributory or desirable in the implementation thereof;

c) To undertake, promote and publish information, studies and investigations on

Philippines population in all its aspects;

d) To utilize clinics, pharmacies as well as other commercial channels of distribution for the distribution of family planning information and contraceptives;

e) To call upon and utilize any department, bureau, office, agency or instrumentality of the Government for such assistance as it may require in the performance of its functions.

Medical and Clinical

Services

Family planning is provided through 1,689 family planning clinics in 1972. These belonged to various organisations and the work was planned and targeted by the Population Commission.

Years	Total Acceptors	Pill	IUD	Rhythm	Others
1964-1965	2,288	309	448	392	1,139
1966	8,498	3,049	1,815	886	2,748
1967	23,470	9,276	8,745	1,846	3,603
1968	42,821	22,580	12,334	3,983	3,924
1969	85,185	43,275	15,127	17,588	9,195
1970	191,662	102,041	41,408	31,413	16,800
1971 (Jan-Oct)	313,421				

In 1970, 53% of acceptors chose the pill, 21.6% IUD, 16.4% rhythm and 8.8% others.

Training

15,190 family planning personnel were trained in full-time and refresher courses in 1972 by various organisations. The personnel include doctors, nurses, midwives, motivators, social workers, trainers and teachers.

Other Organisations involved in family planning

The Institute of Maternal & Child Health

In 1967, the National Training Center for Maternal Health services was established and included nursing and midwifery training. It operates 103 clinics.

The Philippines Medical Association - held family planning informational conference in each of its 75 component medical societies in 1970. At present some 200 private physicians in the island of Mindanao who are members of the PMA provide family planning services.

Responsible Parenthood Council - plans to reach 2.1 million acceptors by 1973 through the rhythm method in rural areas. At present advocates rhythm method in 4 provinces with an estimated target of 900,000 fertile women.

Asian Social Institute - advocates all contraceptive methods, including the rhythm in its 24 clinics.

Social Communications Center - hopes to acquaint the public with the concept of family planning and responsible parenthood through periodicals and radio broadcasts.

The Philippines Women's University's Population Education Center - is conducting a 10-month teachers' training course in experimental approaches to sex education in public and private schools throughout the Philippines.

National Media Production Center - a governmental agency, was awarded a grant by USAID through POPCOM to produce family planning materials for distribution in information/education campaigns.

The Department of Social Welfare - through the Bureau of Family Welfare proposes to strengthen its programme of family education and counselling for responsible parenthood. Social workers will be recruited for this purpose and evaluation studies will be undertaken.

Department of Education - through its Bureau of Public Schools is experimenting with various approaches to re-structure elementary and secondary school courses to include awareness of population problems.

Department of Health - most hospitals and City Health Departments provide family planning services.

Five medical colleges have integrated family planning in their curricula. The Institute of Public Health and Institute for the Study of Human Reproduction are also engaged in family planning studies.

External Agencies

International Planned Parenthood Federation - is providing annually financial support for FPOP.

United Nations Fund for Population Activities (UNFPA) - The Government of Philippines and the UNFPA have signed an agreement in 1972 by which the UNFPA will assist the family planning programme for a period of 5 years in the following areas:- Programming, Evaluation and Research Unit of the Population Commission; Institute of Mass Communication for research, development and training in family planning communication; population education; training; equipment; supplies and fellowships. The total grant is US$3 million and the participating UN agencies are the UNICEF, UNESCO, ILO, FAO and WHO. On the Government side the Executing Organisation is the Commission on Population.

Ford Foundation - gives continued support to the Population Institute and also provides training and study grants.

Pathfinder Fund - provides commodities to family planning clinics, distributes family planning films and supports staff of various clinics.

Population Council - gave initial support to the Manila City Health Department for its clinics. Gives training and study grants.

OXFAM - has provided funds for 1971/72 and for 1972/73 to cover the cost of setting up family planning programme in Tarlac province with RPC.

World Neighbours - assisted in family planning programmes and provided for the establishment of a mobile clinic. It also maintains clinics in rural areas, conducts training programmes and engages in motivation campaigns.

Rockfeller Foundation - provided grants for bio-medical research.

Church World Service - supplied commodities for 18 church supported hospitals.

Japanese Organisation for International Cooperation in Family Planning - is supporting the work of FPOP through commodity assistance.

References

1. Annual Reports of Family Planning Organisation of the Philippines for 1970, 1971 and 1972.

2. A profile on the Philippines Population Programme and Activities, Dr. Conrado Lorenzo, Executive Director, Commission on Population. Paper delivered at the Third Population Conference, OECD, Paris, December 1970.

3. Population Programme Assistance - USAID, December 1971.

4. The Philippines Population Programme - situation paper presented at the IPPF SEA&O Regional Conference, Baguio City, Philippines 1971.

5. Philippines View Points on Family Planning, FPOP, 1971.

6. Philippines Population - Profiles, Prospects, Problems. University of Philippines, Population Institute, 1970.

7. Philippines Family Planning Chartbook 1971. Commission on Population and University of Philippines Population Institute 1972.

8. Report on January Acceptors 1973, Interim Data by the Programming, Evaluation and Research Division of the Commission on Population.

9. Presidential Decree regarding the Commission on Population. December 8, 1972.

10. Acceptance Patterns of Family Planning Methods among selected Filipino couples, Prof. Ramon D. Eduarte 1972.

11. Use Effectiveness of Family Planning in the Philippines, 1970-72, John E. Laing Family Planning Evaluation Office of the University of Philippines, Population Institute, November 1972.

12. Cost Effectiveness & Cost Benefit from the Philippines Family Planning Program by Trinidad S. Osteria, Family Planning Evaluation Office, University of Philippines Population Institute, July 1972.

13. Europa Year Book 1972.

Situation Report

Distribution *

Country RYUKYU ISLANDS (OKINAWA) Date MARCH 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			2,388 sq.kms.
Total Population	698,827	883,122	945,111
Population Growth Rate	2.7	1.8	1.7%
Birth Rate	34.7 (1952)	22.9	22.3 per 1,000
Death Rate	7.4 (1952)	5.1	5.5 per 1,000
Infant Mortality Rate		9.7	9.0 per 1,000
Women in Fertile Age Group (15-44 yrs)			n.a.
Population Under 15 yrs			34.8%
Urban Population			
GNP Per Capita		202	US$891
GNP Per Capita Growth Rate			18.3%
Population Per Doctor			1,960
Population Per Hospital Bed			130

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The Ryukyu Islands, of which Okinawa is the largest, lie between Japan and Taiwan. Since World War II, the islands south of latitude 30°N have been under United States civil administration and returned to Japan on May 15, 1972. The capital is Naha City with a population of 300,000, i.e. one-third of the total.

Ethnic Groups

Japanese

Religion

Buddhist and Shinto

Economy

About 25% of the population are employed in agriculture. Principal crops are sugar cane, sweet potatoes and pineapple. However, industry has taken rapid strides in recent years. International Ocean Exposition will be held in Okinawa during March-August 1975.

Communication/Education

In 1970, there were an estimated 380,000 radio sets including car radio, 214,487 black and white television sets and 10,313 color television sets. There were 6 daily newspapers in 1970 with a total circulation of 220,212, i.e. 233 per 1,000 inhabitants.

Education is compulsory between ages 6-16. There are three universities.

Medical/Social Welfare

There is a shortage of medical and para/medical personnel, and most of them concentrate in the city. Many of the remote islands have no doctors at all.

FAMILY PLANNING SITUATION

Family Planning services are provided by a voluntary association with financial supports made by prefectural government after the reversion to Japan.

Legislation

The islands are under the application of the Japanese Eugenic Protection Law concerning abortion after the reversion to Japan.

FAMILY PLANNING ASSOCIATION

Okinawa Family Planning Association,
c/o Okinawa Kiseichu Fudobyo Center,
1-23, Taira-cho, Naha City
Okinawa Prefecture,
JAPAN.

President: Dr. Shoko Kawahira
Executive Secretary: Mr. Yuko Yamada

History

The Family Planning Association was founded in 1965 and became an IPPF member the same year. It concentrated on information, education and training activities until 1970 when small scale clinic activities were initiated with the cooperation of Naha City Public Health Center and the Okinawa Red Cross Blood Center.

Services

In cooperation with Naha Health Center, the Association operates the 'Maternity Clinic', 'Family Planning Information Service' and 'Mothers Class' in Naha City. At the end of 1970, a Travelling Family Planning Guidance Service was initiated in 2 cities and 7 villages. Eventually it aims to cover Ryukyu and the remote islands. The Family Planning team provides group and individual guidance on family planning and organizes seminars for doctors and field workers. A station-wagon type vehicle was donated by the Japan Organization of International Cooperation for Family Planning for use of information, education and clinical activities in March 1972, and is now in good use.

The clinics provide contraceptive services, marriage life guidance, maternal and child health care and cancer detection. In 1971, there were 2,181 new acceptors and 246 follow-up visits. Condoms, diaphragms, and rhythm were the most popular methods.

Evaluations carried out by the Association have indicated that 52.6% of all acceptors were under age 30.

A Medical Study Committee is carrying out medical studies of the IUD and the oral contraceptive and plans to publish a general report on their acceptability.

Information and Education

The Association conducts a series of educational programmes on family planning and maternal and child health using group meetings, discussions and film shows. The field workers are mainly midwives and Public Health Nurses and are central to the programme. Through house visits, interviews and group meetings they provide family planning information to the public and refer women to clinics or to doctors. Family planning education is a regular part of the health education classes given in the Public Health Centers. In 1971, the Association made arrangements for 34 film shows, 35 film shows and lecture meetings, 96 mothers' classes, 44 clinics and 44 family planning counsels.

The FPA publishes a quarterly newsletter in Japanese with a circulation of 1500. The Annual Report of the Association is published in Japanese and English.

In March 1972, the Association organized the Fifth Okinawa Maternal and Child Health and Family Planning Convention at which the need for a sex education programme was discussed. Pre-marriage education including sex problems will be considered further at the Sixth Convention in 1973.

Training

The Association holds training sessions and meeting for field workers and seminars for doctors. In 1966, 121 midwives and health workers, in 1967, 112 midwives and health workers and in 1969, 300 field workers and public health nurses were trained. In 1970, 11 gynaecologists received training on IUD insertion. In 1972, 110 field workers were trained.

Other Organizations

Okinawa branch of the Japan Red Cross and Catholic Association in Okinawa operate mothers' classes for family planning.

Sources

Government of the RYUKYU ISLANDS Yearbook.
Okinawa Prefectural Government Monthly book.
Okinawa Times newspaper Yearbook.
Okinawa Family Planning Association 1971.

Situation Report

Distribution *

Country ST. LUCIA

Date MAY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01-839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			616 sq.kms.[1.]
Total Population	70,113 (1946)[1.]	87,350[1.]	103,000 (1970)[1.]
Population Growth Rate			1.6% (1963-71)[1.]
Density			167 per sq.km (1970)[1.]
Birth Rate	38.4 (1950-54)[1.]	49.3[1.]	41.4 per 1,000 (1966)[1.]
Death Rate			7.1 per 1,000 (1966)[1.]
Infant Mortality Rate			42.4 per 1,000 (1966)[1.]
Women in Fertile Age Group (15-44 yrs)			24,000 (1963 estimate)[2.]
Population Under 15			45% (1963 estimate)[2.]
Urban Population			n.a.
GNP Per Capita			US$340 (1970)[3.]
GNP Per Capita Growth Rate			8.1% (1960-70)[3.]
Population Per Doctor			6,200 (1967)[4.]
Population Per Hospital Bed			212 (1968)[4.]

1. UN Demographic Yearbook 1971.
2. The Wanted Child; report of 1967 Family Planning Survey of Five Islands in the Caribbean, by the Rev. Frederick H. Talbot, Mrs. Jesse Jai McNeill and Mrs. Sylvia Talbot, Church World Service.
3. World Bank Atlas, 1972.
4. Fourth Report on the World Health Situation, 1965-1968, WHO.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The small island of St. Lucia is part of the Windward Islands' group and is a West Indies Associated State.

Ethnic Groups

The population is mainly of African and mixed descent, with small groups of East Indians, Europeans and others.

Language

English and French Patois.

Religion

According to the 1960 Census, 91.75% of the population was Roman Catholic.

Economy

The economy is based on agriculture and the processing of agricultural products. Bananas are the chief crop and form four fifths of all exports. Cocoa, citrus fruits and coconuts are important crops. Unemployment and underemployment are high.

Communications/Education

There are approximately 500 miles of roads, two ports and two air-fields.

St. Lucia is covered by the Windward Islands' Broadcasting Service. In 1968[1], there were 2 radio transmitters and 40,000 receivers; there is one television transmitter. In 1968, there were 9 cinemas: 61 seats per 1,000 inhabitants.

There are no daily newspapers: three newspapers are published, one twice weekly.

Education is free and compulsory between the ages of 6 and 12 years. There is a shortage of primary school places. In 1967[1], there were 19,709 pupils in primary, and 4,737 pupils in secondary education.

Medical/Social Welfare

Public Health Services are provided by the Ministry of Education and Health, the island being divided into seven medical districts each with health centres (30) and visiting stations. Maternal and child health care is integrated into their activities, as well as health education. Most doctors are in government service.

The recently expanded nutrition programme, health education and early treatment of diseases have contributed to a decline in infant mortality.

Labour legislation covers employment and working conditions, industrial safety and welfare, and workmen's compensation.

FAMILY PLANNING SITUATION

Family planning services are provided by a private family planning association which receives IPPF and some government assistance.

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1. UNESCO Statistical Yearbook, 1969.

Attitudes

In the last two years a controversy over family planning has been very fully aired in the Island's Press. Many related issues, such as vasectomy, sex education, venereal disease, and abortion have also been raised. The struggle has been largely between "The Voice of St. Lucia" on the progressive side and the "Castries Catholic Chronicle" on the conservative side. Much of the pro-family planning material has been provided by Mr. Raymond Louisy, Executive Director of the FPA.

In September 1971 the Catholic Church, which had been represented on the National Family Planning Committee, finally broke with the committee and the movement upon publication of an article in the "Voice of St. Lucia". Since then the Press controversy has been intense, although lately less opposition to family planning has been forthcoming. Catholic opposition is significant with 90% of the Island's population being Catholic.

The Government is still officially opposed, but supports the FPA financially and in 1969 opened all Government Health Centres to the FPA. Community opposition generally is far less than in the late sixties.

Legislation

The Government has lifted import duties on supplies required by the Association.

FAMILY PLANNING ASSOCIATION

History

The St. Lucia Planned Parenthood Association was founded in 1967 by a group of physicians, teachers and clergymen concerned at the high birth rate. The first clinic was opened in the capital, Castries, in 1968. The Association receives assistance from the IPPF.

Address

St. Lucia Planned Parenthood Association,
32, Victoria Street,
Castries,
ST. LUCIA, W.I.

Personnel

President:	Mrs. Olive J. Francois
Executive Director:	Mr. Raymond Louisy
Assistant:	Sister Theresa Louisy
Secretary:	Mrs. Alice Bagshaw

Services[1].

In 1972, the FPA opened 6 new sub-clinics in Public Health Centres bringing the total to 20, in addition to the Central Clinic in Castries. The latter opens for 8 hours a day, 6 days a week, and the sub-clinics open one day a month. As the island is short of doctors, nurses are chiefly responsible for preparation and contact work. Doctors visit the Central Clinic approximately 3 times a week, and the other clinics one day a month. The Central Clinic is run by the Government paid nurse. A mobile unit was donated to the Association in 1969 by the Manitoba

1. Annual Report of the St. Lucia Planned Parenthood Association to the IPPF, for 1970.

Association for World Development and is used to reach remoter parts of the island.

The Association provides fertility, infertility and cancer detection services, as well as marriage counselling. In 1972, the clinics served 1,287 new acceptors, of whom about 35% used orals and about 20% injectables. Total active acceptors totalled 5,782 at the end of 1972, of whom about two-thirds used orals. Loop failures - due to breakages - were frequent.

Information/Education

The Executive Director and the Assistant are responsible for the majority of the activities in this field. The programme included in 1972 film shows, lectures with visual aids, discussion groups, a carnival parade, and the publication of leaflets, pamphlets and posters. Pregnant women and male banana workers were the main targets of I&E activity. Clinic announcements were broadcast on radio.

The Executive Director attended the Caribbean Family Planning Association's conference in Grenada in December 1972. It is likely that the St. Lucia FPA will play a significant role in this new organization.

Training

Lectures on family planning were given to student midwives at the State Hospital. 6 nurses received in-service training from FPA personnel. Two government nurses were sent to Washington for a 3 month family planning training course, and it is hoped to send more in the future.

GOVERNMENT

Early in 1969, the Government offered the Association the use of Public Health Centres for family planning work. Government doctors have permission to undertake family planning activities in their own time. The Government also lifted the import duties on the Association's supplies, pays the salary of the Assistant, and otherwise financially assists the Association.

Bibliography

- The Europa Yearbook, Vol.II., 1970.
- St. Lucia FPA Annual Report 1972.

Situation Report

Distribution

Country ST. VINCENT

Date JUNE 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			388 sq.kms.
Total Population	67,000	79,948	96,000 (1972)[1].
Population Growth Rate			0.8% (1963-71)
Density			232 (1971)[2].
Birth Rate	39.9	48.6 (1961)	33.1 per 1,000 (1969)
Death Rate	15.3 (1950-54)	14.7	9.4 per 1,000 (1969)
Infant Mortality Rate	115.0 (1950-54)	132.0	100.5 per 1,000 (1969)
Women in Fertile Age Group (15-44)			15,511 (1960)
Population Under 15 yrs			49% (1960)
Urban Population			13.7% (1960)
GNP Per Capita			US$240 (1970)[2].
GNP Per Capita Growth Rate			3.4% (1960-70)[2].
Population Per Doctor			7,580 (1967)[3].
Population Per Hospital Bed			230 (1966)[3].

Unless otherwise stated the source for this table is the United Nations Demographic Yearbook, 1971.

1. World Bank Atlas, published by the International Bank for Reconstruction and Development, 1972.
2. United Nations Statistical Yearbook, 1971.
3. Population Data Sheet, Population Reference Bureau, 1972.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The small island of St. Vincent in the East Caribbean is part of the Windward group of islands. At the end of 1971, together with Dominica, Grenada, Guyana, St. Kitts/Nevis, and St. Lucia, St. Vincent published a joint plan to form a new West Indian state by 1973. This had not eventuated by May 1973.

Rapid population growth has been a cause of concern. In 1965 demographic studies revealed that the population would almost double within 20 years. The island has a population density of 232 persons per square kilometre and the majority of the inhabitants are rural. The capital, Kingstown, had 22,000 inhabitants in 1968.

Ethnic

The majority of the population are of African and mixed descent. There are small Amerindian, European and East Asian minorities.

Language

English is the official language.

Religion

Mainly Protestant.

Economy

The economy is agricultural, the chief crops and exports being bananas, sea-island cotton, arrowroot, and coconuts. There is a heavy dependence on bananas for export revenue.

Communications/Education

There are 600 miles of roads, and regular sea and air links with other islands in the group. There is a weekly newspaper. The island is covered by the radio services of the Windward Islands' Broadcasting Service.

Primary and secondary education is provided by the State, and some education at both levels by independent schools.

Medical/Social Welfare

The Government runs general health clinics, including mother and child welfare services, and general hospitals. There is a shortage of doctors.

FAMILY PLANNING SITUATION

A private Association provides family planning services, mainly in government facilities, and with official financial support.

Attitudes

The Government of St. Vincent is concerned to limit the rapid growth of the island's population. It has always supported and encouraged the Association's activities.

Legislation

The Government allows the duty-free import of all family planning equipment and supplies.

FAMILY PLANNING ASSOCIATION

History

In December 1965, the St. Vincent Planned Parenthood Association was founded on a voluntary basis by a group of community leaders. In 1967, both the IPPF and the Government gave financial assistance for the first time.

A family planning clinic was opened in the capital, Kingstown, in 1966, and, by an agreement with the Government, family planning services were also made available in 21 government rural health clinics for mothers and children. By 1970 this number had grown to 25.

In 1968 the Association occupied its new headquarters' building in Kingstown.

In 1971 the St. Vincent Planned Parenthood Association became a member of IPPF.

Address

St. Vincent Planned Parenthood Association,
Victoria Park West,
P.O.Box 99,
Kingstown,
ST. VINCENT.

Personnel

President:	Mr. W.H. Lewis, M.B.E.,
Vice-President:	Brigadier C. Leopold
Executive Secretary:	Mr. E.B. John

Services

The Association runs a central clinic in Kingstown and provides contraceptive supplies to 20 public health centres throughout the island. In 1969, the Government had given the Association permission to use its health centres for family planning work and by the end of 1970 the cooperation of the nurses in charge of the centres had been gained. Family planning thus became part of routine maternal and child health care.

In 1971, the Association served 769 new acceptors, considerably fewer than in previous years. 77% of acceptors used oral contraceptives and 17% used IUD's. A small charge is made to those who can afford to pay.

Information/Education

Person-to-person contact and motivation have received priority in the Association's educational programme. A team of field-workers work in both rural and urban areas, giving talks, showing films, demonstrating contraceptive devices, visiting homes, and distributing simple contraceptives, especially foams and condoms.

In 1972, the Association employed 12 field-workers. About 80 meetings, with films and discussions, were held. Great emphasis was put on the motivation of men. The fieldworkers mainly worked in shanty-towns, rural areas and had particular success with Trade Unionists. For the first time Trade Union leaders expressed willingness to participate actively in the programme.

Leaflets and posters are produced and distributed, but the press is not used extensively. In 1972 ten informational programmes were broadcast over radio. Essay, slogan and poster competitions were held.

In 1971 a field nurse was hired to be responsible for I&E work with the fieldwork team. In 1972 she organized 31 film shows.

In 1972 a special effort was made to contact programme "drop-outs". Of the 1,112 contacted, 440 were retrieved. The highlight of 1972 activities was the Family Planning Week, held in June. The extent of support for the Association was evidenced by the fact that both the Governor and Premier of the Island spoke at functions organized during the Family Planning Week.

Sex Education

The Association provides information on family planning for senior pupils and school leavers. 19 lectures were given in schools in 1972.

Training

Assistance has been given by the Family Planning Association of Barbados in training of staff. In 1969 the fieldworkers from St. Vincent received their initial training in Barbados. The Association in St. Vincent runs regular in-service training sessions for its field-team under the supervision of the two senior fieldworkers. In 1972 three fieldworkers received their training in Trinidad.

GOVERNMENT

The Government actively supports family planning. In 1972 it provided 10% of the Association's income. The Government also provides official health facilities and staff time. The Association enjoys tax-exempt status and the Governor of the state is the Association's Patron.

Foreign Assistance

The Association has received substantial financial support from OXFAM for staff salaries and other items.

Sources

- St. Vincent Planned Parenthood Association, Annual Report to the IPPF, 1972.
- The Europa Yearbook, 1971. Vol. II.